SPECIAL EDUCATION ADVISORY PANEL (SEAP) NOMINATION FORM

NOTES: If more space is needed to complete questions below, please attach an additional sheet. Self nominations are encouraged.

First Name			Email address				
Mailing address of nominee Str		City		State	Zip	County	
Evening pho		one	number	Fax number			
the nomination			Phone number of person making the nomination				
What "membership category" of the Special Education Advisory Panel does this nominee appear to fill? (complete all that apply) Parent of child with disabilities Individual with disability Teacher Representative of an institution of higher education that prepares special education and related service personnel State and/or local education official Administrator of program for children with disabilities Representative of private school and public charter school Representative of at least one vocational, community or business organization concerned with the provision of transition services to children with disabilities							
Has this person expressed interest in being nominated? Yes/No		Is the nominee able to attend four to six meetings in the mid Missouri area? Yes/No					
What qualifications does this nominee possess to provide representation on the Missouri Special Education Advisory Panel? Please respond considering the membership category for which the nominee may qualify to fill. The Missouri Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to department programs may be directed to the Jefferson State Office Building, Title IX							
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What accommodation(s) require, if any, to effective SEAP member?		What other statewide or regional task force, advisory panel, or other such organizations related to disability issues is the nominee a member (past and present)?			
Why do you want to serve on the Special Education Advisory Panel?					
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Optional Information					
Race	Ethnicity	Other diversity or uniqueness the nominee would bring to the Panel.			
possible appointment to	the Special Education Ad	round checks on all individuals who are selected for lvisory Panel before they can be officially appointed by nd checks take approximately two to four weeks.			

SEND COMPLETED FORM TO:

Lina Browner, Executive Assistant
Division of Special Education
Department of Elementary and Secondary Education
P. O. Box 480, Jefferson City, Missouri 65102-0480
573-751-5739 and 573-526-4404 (fax)
Lina.Browner@dese.mo.gov